



Supplement A, Petition for Qualifying Family Member of U-1 Recipient

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 06/30/2023

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number Date (mm/dd/yyyy)		
To: / /					

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE - Type or print in black or blue ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse Parent Child
- Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Information

2. Date of Birth (mm/dd/yyyy)
3. Alien Registration Number (A-Number) (if any)
► A-
4. USCIS Online Account Number (if any)
►
5. Status of your Form I-918
 Pending Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- Other Names Used** (Include maiden name, nicknames, and aliases, if applicable)
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Residence or Intended Residence in the United States (USPS ZIP Code Lookup)

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code

Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

- 4.a. In Care Of Name
- 4.b. Street Number and Name
- 4.c. Apt. Ste. Flr.
- 4.d. City or Town
- 4.e. State 4.f. ZIP Code
- 4.g. Province
- 4.h. Postal Code
- 4.i. Country

Other Information About Qualifying Family Member

- 5. A-Number (if any) ▶ A-
- 6. U.S. Social Security Number (if any) ▶
- 7. USCIS Online Account Number (if any) ▶
- 8. Date of Birth (mm/dd/yyyy)
- 9. Country of Birth
- 10. Country of Citizenship or Nationality
- 11. Marital Status
 Single Married Divorced Widowed
- 12. Gender Male Female
- 13. Form I-94 Arrival-Departure Record Number ▶
- 14. Passport Number
- 15. Travel Document Number
- 16. Country of Issuance for Passport or Travel Document

- 17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)
- 18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

- 1.a. Date of Last Entry into the United States (mm/dd/yyyy)
- Place of Last Entry into the United States
- 1.b. City or Town
- 1.c. State
- 1.d. Current Immigration Status

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

- 2.a. Date of Last Entry into the United States (mm/dd/yyyy)
- Place of Last Entry into the United States
- 2.b. City or Town
- 2.c. State
- 2.d. Date Authorized Stay Expired (mm/dd/yyyy)
- 2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

- U.S. Consulate Pre-Flight Inspection
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

Other Information

7.a. Your family member was or is in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b. Removal Proceedings
Removal Date (mm/dd/yyyy)

7.c. Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)

7.d. Deportation Proceedings
Deportation Date (mm/dd/yyyy)

7.e. Rescission Proceedings
Rescission Date (mm/dd/yyyy)

7.f. Judicial Proceedings
Judicial Date (mm/dd/yyyy)

8. Your family member would like an Employment Authorization Document. Yes No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.

Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 5.**, provide an explanation in the space provided in **Part 11. Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a.** Committed a crime or offense for which he or she has not been arrested? Yes No
- 1.b.** Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason? Yes No
- 1.c.** Been charged with committing any crime or offense? Yes No
- 1.d.** Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No
- 1.e.** Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- 1.f.** Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g.** Been held in jail or prison? Yes No
- 1.h.** Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- 1.i.** Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

Information About Arrests, Citations, Detentions, or Charges

2.a. Why was your family member arrested, cited, detained, or charged?

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town

2.d. State

2.e. Country

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

3.a. Why was your family member arrested, cited, detained, or charged?

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town

3.d. State

3.e. Country

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Part 5. Processing Information (continued)

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? Yes No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 5.c. Assassination? Yes No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 6.d. Assassination? Yes No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No

Does your family member intend to engage in the United States in:

- 7.a. Espionage? Yes No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? Yes No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
- 8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No

Part 5. Processing Information (continued)

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? Yes No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide? Yes No
- 10.b. Killing any person? Yes No
- 10.c. Intentionally and severely injuring any person? Yes No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? Yes No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? Yes No

Has your family member **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured? Yes No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes No

Has your family member **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? Yes No
- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training? Yes No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes No

Part 5. Processing Information (continued)

- 18. Has your family member **EVER** been removed, excluded, or deported from the United States? Yes No
- 19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
- 20. Has your family member **EVER** been denied a visa or denied admission to the United States? Yes No
- 21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
- 22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No
- 23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? Yes No
- 24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No
- 25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes No
- 26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes No
- 27. Does your family member plan to practice polygamy in the United States? Yes No
- 28. Has your family member **EVER** entered the United States as a stowaway? Yes No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance? Yes No
- 29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict? Yes No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. Country of Birth
- 4. Relationship
- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 6. Date of Birth (mm/dd/yyyy)
- 7. Country of Birth
- 8. Relationship
- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Relationship

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 10.**, , prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

- 3. Petitioner's Daytime Telephone Number
- 4. Petitioner's Mobile Telephone Number (if any)
- 5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Qualifying Family Member's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 10.**, , prepared this supplement for me based only upon information I provided or authorized.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature
(continued)

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number
4. Qualifying Family Member's Mobile Telephone Number (if any)
5. Qualifying Family Member's Email Address (if any)

Qualifying Family Member's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Qualifying Family Member's Signature

- 6.a. Qualifying Family Member's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL QUALIFYING FAMILY MEMBERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [text box], which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that they understand every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink) [text box]
- 7.b. Date of Signature (mm/dd/yyyy) [text box]

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name) [text box]
- 1.b. Preparer's Given Name (First Name) [text box]
- 2. Preparer's Business or Organization Name (if any) [text box]

Preparer's Mailing Address

- 3.a. Street Number and Name [text box]
- 3.b. Apt. Ste. Flr. [text box]
- 3.c. City or Town [text box]
- 3.d. State [text box] 3.e. ZIP Code [text box]
- 3.f. Province [text box]
- 3.g. Postal Code [text box]
- 3.h. Country [text box]

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number [text box]
- 5. Preparer's Mobile Telephone Number (if any) [text box]
- 6. Preparer's Email Address (if any) [text box]

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.
- 7.b. I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case extends does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)

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05/23/2023

Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name (Principal)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

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